

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s): SAMANTHA D.	ELLIOTT				
II. Name of Lobbyist's	s partnership, firm or corpo	ration, if any:				
GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, Concord, NH 03301						
603-228-		603-226-3334	е	lliott@gcglaw.com		
(Telepho	one)	(Fax)		(Email)		
	vers: (Choose one – file sepansactions which are not atte			nay file a separate report for		
☐ All reportable tra	nsactions occurring in the mo	nth prior to the repo	rting date relative to	the following client.		
	(Full Name of Client as it a	appears on the Lobb	yist Registration For	n)		
OR All reportable tra unrelated to any partic		cluding the lobbyist'	s family), or the lobb	ying firm listed below which are		
IV. Date of Report:	April 24, 2019 🔀		Inly 21	2019 🗆		
-	ivity from date of registration	n to 3/31/19	activity from 4/1/			
neports corer. ue.		. 10 5/51/1/		_		
	October 30, 2019 activity from 7/1/19 to 9/30/1.	a	January activity from 10/1	29, 2020		
	fees received and no report complete just this form and sub					
VI. Check if additions	al reports are attached:					
☐ If you have receive	d fees or made expenditures,	you must file Adde	ndum A – Fees and I	Expenses		
Expense Reimbursement				eport of Honorariums or Im C – Political Contributions		
Sworn Statement/Affir	mation by Lobbyist A 15-B and RSA 664 and her			formation is true and complete		
(Signature of Lobbyis	t)		4/24/19	(Date)		
SAMANTHA D. ELL (Print Name of lobbyis				RECEIVED		
(1 IIII I laine of 1000yis	···)			APR 2 4 2019		

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

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II. Name of lobbyist's partnership, firm or corporation, if any:							
	GALLAGHER, CALL	AHAN & GARTRELL, P.C					
		nip, firm or corporation)	<u> </u>				
III. Name of Client			April 24, 2019				
		Date	April 24, 2017				
Political Contributions For each political contributi client/lobbyist and lobbying			oaid on behalf of the				
Full name of candidate:	Political Action Committee: FRIENDS OF FELTES FELTES DAN						
_	(Last Name)	(First Name)	(Middle Name/Initial)				
Amount of Contribution \$500.	00 Office Candidate is Se	eking SENATE					
	Political Action Comm	nittee:					
Full name of candidate:			(Middle Name/Initial)				
	(Last Name)	(First Name)	(Middle Name/Initial)				
Full name of candidate:	(Last Name)	(First Name)	·				
Amount of Contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) Office Candidate is discontribution, provide a de ribution on the line above for	(First Name) Seeking scription of the goods or serv	ices provided, and enter the				
	(Last Name) Office Candidate is discontribution, provide a de ribution on the line above for	(First Name) Seeking scription of the goods or serv	ices provided, and enter the				
Amount of Contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) Office Candidate is discontribution, provide a de ribution on the line above for	(First Name) Seeking scription of the goods or serv	ices provided, and enter the				
Amount of Contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name) Office Candidate is discontribution, provide a de ribution on the line above for	(First Name) Seeking Scription of the goods or server amount of contribution. If	ices provided, and enter the				
Amount of Contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) Office Candidate is describution, provide a describution on the line above for the word "estimate."	(First Name) Seeking Scription of the goods or server amount of contribution. If	ices provided, and enter the				
Amount of Contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name) Office Candidate is d contribution, provide a deribution on the line above for the word "estimate." Political Action Commit	(First Name) Seeking Scription of the goods or server amount of contribution. If the server amount of contribution. If the server amount of contribution. If the server amount of contribution.	ices provided, and enter the the actual cost is not known,				

(If more than three contribution	ons were made, report additional c	ontributions on separate addendum C forms.)	
		ereby swear or affirm that the foregoing info	ormati
By: SDUMA (Signature of lobbyist)		4/24/19	